

Little Lambs Preschool Registration

*“For the word of God is living and active. Sharper than any double-edged sword”*

*-- Hebrews 4:12*

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: **M F**

Nickname:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Information:** **Father’s Information:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the child live with both parents? **YES** **NO**

If not, who has primary custody?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Must have copy of legal document on file)

**Emergency Contacts (in the event the parents cannot be reached):**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­ Relation:\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_

*\*Authorized for Pick-up:\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­ Relation:\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_

*\*Authorized for Pick-up:\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No*

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_ Relation:\_\_\_\_\_\_\_\_\_\_\_

*\*Authorized for Pick-up:\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No*

**Permission is granted for the following people to deliver and/or pick up my child at Little Lambs Preschool. I release Little Lambs of all legal responsibilities associated with third-party releases. I also understand it is my responsibility to notify the people listed above of the pickup procedures noted in our Parent Handbook.**

Child’s Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List child’s allergies (including food):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any special needs your child may have:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any siblings (name and age):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Releases:**

1. My child may be photographed/filmed for Facebook posts at Little Lambs Preschool. Pictures/videos will only be posted to Little Lambs Facebook page. \_\_\_\_\_\_\_Yes\* \_\_\_\_\_\_\_No
2. Little Lambs Preschool may give my child emergency medical care. \_\_\_\_\_\_\_Yes\*\* \_\_\_\_\_\_\_No

**\*I waive any and all rights to claim** for payment or royalties in connection with any exhibition, television, or other showing of television image, tape recording, and motion or still picture films, regardless of whether such exhibition or showing is philanthropic, educational, commercial, institutional, or private sponsorship, and irrespective of whether a fee is charged.

**\*\*I agree to accept responsibility** for expenses incurred for medial care required by my child. I further agree that the administration and staff of Little Lambs Preschool not be held legally or financially responsible for any accidents, injuries, or sickness which may occur during operating hours of the Preschool, including those due to transportation or school related activities.

**Program Information**

Has your child participated in a weekly preschool and/or day care program? **YES NO**

Was this a positive or negative experience? (Explain if necessary)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain what you would like your child to gain by coming to our program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child speak fluent, age appropriate English? **YES NO**

If no, what is your child’s primary language?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child potty trained? (able to go the potty on his/her own without prompting from an adult) **YES NO**

Has your child been referred for testing for any special needs including, but not limited to, emotional, behavior, speech, and/or developmental delays? **YES NO**

If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is your family a current member of Living Word Lutheran Church?

**YES NO**

If not, do you currently have a church that you attend regularly?

**YES NO**

**Please initial each of the following statements to indicate that you agree and understand Little Lambs’ policies.**

\_\_\_\_\_\_\_I have given an updated record of immunizations to Little Lambs to be placed in my child’s file. I understand that it must remain up to date each time my child receives immunizations.

\_\_\_\_\_\_I agree to have a conference with the teacher, if needed, at a date to be set by the teacher.

\_\_\_\_\_\_\_Prior to acceptance into any 3 or 4 year old program, the administration may request an interview to evaluate the readiness of a child to transition into a more structured learning environment.

\_\_\_\_\_\_\_I understand that no refunds are allowed for sick days, severe weather days, holidays, or when the preschool is closed.

\_\_\_\_\_\_\_I agree to pay $10 per week if my tuition is no paid after the 10th of the month (unless otherwise noted in the signed tuition contract)

The application and classroom fees are non-refundable once my child is accepted and enrolled in the program, whether or not my child attends the program for any reason (including, but not limited to: You choose to withdraw your child from enrollment before or during the academic year, have a disagreement with the program and its decisions, fall into financial difficulty, your child is dismissed from the program, or for any other reason not stated). If my child is not accepted into enrollment by the discretion of the preschool, I understand the program will return my registration fee. The information I have provided in this application is true and complete. I understand if it is not, and my child is admitted to Little Lambs Preschool, that such inaccuracy or omission is grounds for immediate dismissal.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_